Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **08/18/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PONTOTOC NURSING HOME	**176 SOUTH MAIN STREET , PONTOTOC, Mississippi, 38863**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
M0000	Initial Comments The State Agency (SA) conducted an onsite revisit on 08/18/25 related to the annual survey that was completed on 07/21/2025-7/24/25. The information reviewed confirmed the facility had put measures in place to correct the deficient practice and sustain compliance with the requirements of with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm. The SA is recommending that the facility be placed back in compliance effective 08/13/2025 The facility held a license for 44beds,the census at the time of the survey was 43.	M0000		08/25/2025

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE